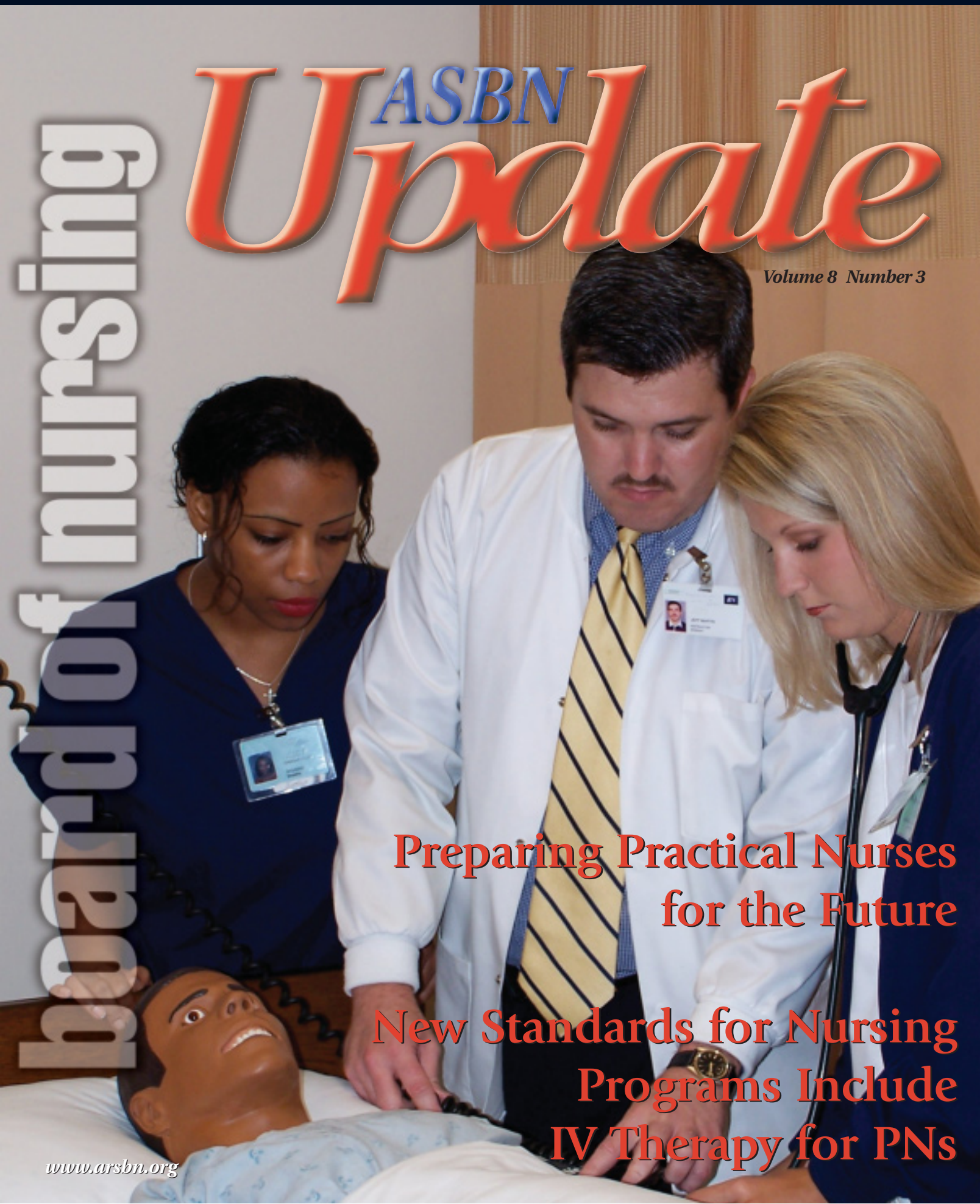
Official Publication of The Arkansas State Board of Nursing



board of nursing

ASBN Update

Volume 8 Number 3

Preparing Practical Nurses for the Future

New Standards for Nursing Programs Include IV Therapy for PNs

www.arsbn.org

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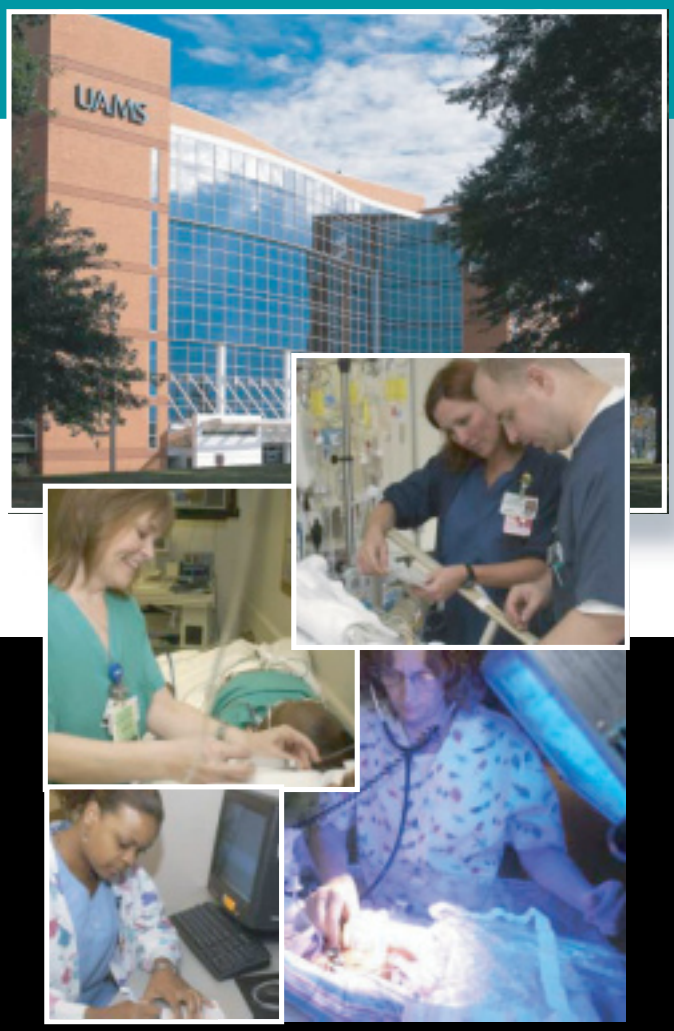

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ASBN Update

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The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.

EXECUTIVE DIRECTOR Faith A. Fields, MSN, RN
EDITOR Georgia Manning Lewis, MN, RN

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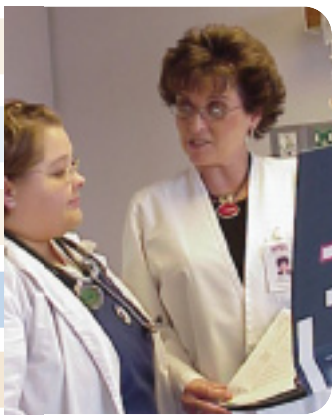

president's message

Recently, I was privileged to attend the Mid-Year Meeting of the National Council of State Boards of Nursing (NCSBN) in Chicago. Nursing is ever-changing, and I thought you would be interested to learn what is going on in Arkansas and other states.

Several states already regulate some or all types of unlicensed assistive personnel (UAP). Arkansas, Kansas, Kentucky, and Indiana are in the process of seeking regulation of UAPs. The ASBN currently has a UAP task force that meets monthly in preparation for proposing legislation for the 2005 legislative session.

Several states allow medication aides. These are unlicensed personnel who have additional training in basic medication administration. This is a controversial topic for many boards of nursing, including the ASBN. Although the ASBN has been approached about allowing medication aides, current law in Arkansas requires a licensed person to administer medications.

A law recently passed in California regulates nurse-to-patient ratios. Due to the nursing shortage, many hospitals are having difficulty meeting these new requirements, according to a California HealthCare Foundation survey. The Governance Institute asserts that more than half of hospital executives recently surveyed expect mandatory nurse staffing ratios to be introduced in their states within two years.

Mandatory overtime laws have been enacted in some states. In West Virginia, lawmakers unanimously passed such a law. The law applies to LPNs and RNs (except nurse managers) and prohibits required overtime except in emergency situations such as natural disasters, terrorism, or disease outbreaks.

Kansas and Maryland have each passed interesting laws that tie nurse licensure to payment of taxes. In Kansas, the nursing board is required to send a list of licensees to the Internal Revenue Service ninety days before the licensees' renewal dates. They cannot renew the nursing license until their taxes are paid.

The New York Board of Nursing has a proposal that newly licensed associate degree or diploma RNs will be required to obtain a baccalaureate degree within 10 years from the date of licensure. This is not yet a law, as the NY Board has just begun the process. However, there is already opposition arguing that this would worsen the nurse shortage by taking those who didn't comply out of the workforce pool.

During one of the sessions, we learned that several nursing boards, including Kentucky, Mississippi, Florida, and Alabama, have gone paperless. A compact disk containing information necessary for the board member to prepare for upcoming meetings is sent out to board members and must be returned when the meetings are completed.

The most valuable thing I learned at this meeting had nothing to do with laws. Since becoming a board member, I have grown to be very proud of the ASBN and especially our excellent staff. But that pride grew even more after I attended this meeting, because it was obvious that the ASBN is viewed with great respect by other boards of nursing and the NCSBN. This is because of the presence and involvement on a national level by some of our board members and staff. Many of them have served on committees or on the NCSBN board of directors. The ASBN is often on the leading edge of new ideas and innovations in nursing, such as the interstate compact, and received the NCSBN Outstanding Member Board award in 2000.

I cannot adequately express how honored I feel to serve with such a capable and professional group of people.

Lawana Waters

Lawana Waters, RN

LETTERS TO THE EDITOR

Vice President Black Home Safe From Iraq

You don't know how happy I am to be able to write to you again. By your prayers and God's grace, our entire unit (the 296th Ground Ambulance Company) made it back from Iraq without any serious injuries. It was a very intense, danger-filled experience, but we made it! We actually treated and transported thousands of soldiers and civilians in the most dangerous conditions that you can imagine.

The unit has asked me to send you all a very big thanks for the thousands of letters, cards, and care packages. You reminded us everyday that the spirit of America was behind us and made our time there just a little more bearable.

Once again, thanks for helping to get us through this.

Lance Black, LPN
ASBN Vice President

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executive director's message

You would almost have to be living in a cave to not know about the case of Charles Cullen, a registered nurse licensed in New Jersey and Pennsylvania, who is accused of being a serial killer. Authorities say this could become one of the biggest homicide cases ever in New Jersey. He claims to have killed as many as 40 patients in his 16-year nursing career. This nurse was terminated from numerous jobs and was the subject of investigations in many others yet had no difficulty finding a position with the next unsuspecting facility. He worked in ten hospitals, a nursing home, and with at least two staffing agencies during his career. He was terminated from a facility for suspected medication diversion. He resigned under pressure when he refused to answer questions about unused medications found in a needle disposal box. Of the drug diversion, the district attorney stated, "We were not terribly concerned with the diversion of drugs. The drugs that were diverted really had no street value, nor were they drugs of abuse." (Examples included procainamide, sodium nitroprusside, digoxin, and insulin.)

Mr. Cullen took care of a 40-year-old female cancer patient whose lab results revealed lethal levels of digoxin. This patient had no digoxin prescribed. The body does not produce digoxin, so any finding of the substance in the blood demonstrates that it was administered. Luckily, an antidote was given, and she recovered enough to return to her husband and two children. Other patients weren't so lucky. According to news reports, Cullen told detectives that he killed 12 to 15 patients at a facility where he worked for 13 months.

So why was Mr. Cullen able to find a job so easily with such a tainted employment history? Obviously, none of the facilities knew they were hiring a suspected serial killer. New Jersey Senator Lisa Boscola reported that the state's Senate Consumer Protection and Professional Licensure Committee would hold fact-finding hearings this year to look at how to change state laws to protect patients better. She says "This case has exposed a very serious flaw in the level of oversight that state regulators and hospital administrators now have in place to protect patients."

Mr. Cullen's work history would be suspect to most interviewers–working one month here, four months there, and so on. However, employers' references usually include only name, start date and end date. Most will not tell you if the individual is eligible for rehire. Public disclosure laws need revision to allow employers to give information without fear of litigation by the employee.

Facilities that employ nurses need to remember to report a nurse to the board of nursing when performance issues in the area of practice are serious enough for the individual to be terminated. If this had been done with Mr. Cullen, at least a suspicion of substandard practice could have been established and properly investigated. When a licensee is reported for violation of the *Nurse Practice Act*, the ASBN subpoenas employment records to investigate whether there is a pattern of behavior.

In case you'd like the rest of the story, Mr. Cullen voluntarily surrendered his New Jersey nursing license, and his Pennsylvania license was suspended while state officials seek to revoke it.

Could a Charles Cullen case happen here in Arkansas? You bet it could. Arkansas has no state regulations or laws requiring facilities to report nurses to the board of nursing for any reason. Only nurses are required to report violations of the *Nurse Practice Act*. Are we really protecting the public?

Faith A. Fields

Faith A. Fields, MSN, RN

LETTERS TO THE EDITOR

Ready To Volunteer At 86

I have been debating renewing my license as I am no longer employed. I do a lot of service through my church and have been contacted by CDC regarding service in case of terrorism or a national disaster. I will be 86 in July, but I know I could be helpful in an emergency. My health is good, I need no medication, and I am still very active. God has been very good to me. I love my life as a registered nurse. I know I have been helpful to many, many people through the years. I have just completed 40 contact hours.

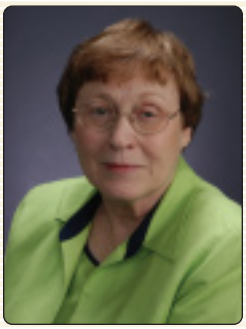
My license expires in July. I would like to keep it if I may. Please advise.

Mayble Bledsoe, RN

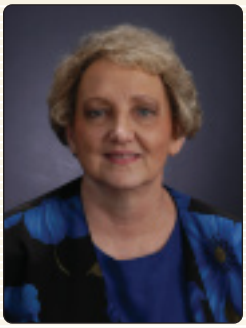
To practice nursing, an individual must have an active license. During acts of terrorism or a natural disaster, the Governor has the authority to waive licensure requirements. My advice would be to place your license on "retired" status. In the retired status you may use the title RN and will continue to receive the ASBN Update. If such time comes that you decide to go back into active status, you would pay the reinstatement and renewal fee and be allowed to practice in nursing again.

EDUCATION: MEET THE STAFF

• SUE TEDFORD is the Director of Nursing Education and has been with the Board almost two years. Before coming to the Board, Sue was the Level III Coordinator for Jefferson School of Nursing in Pine Bluff for eighteen years. Sue handles all continuing education; criminal background investigations; and supervises licensing of RNs, LPNs, and education program surveys. Sue was named Nurse of the Year by the Arkansas Nurses Association in 2003. Sue resides in Conway with her husband Stephen. They have two sons, Jon and Lee.



• DR. CALVINA THOMAS is the Assistant Director of Nursing Education and has been with the Board for three years. Dr. Thomas was the Executive Director of Western Kansas Area Health Education Center for many years and was the Assistant Director of Licensure and Education at the Missouri State Board of Nursing before becoming their Executive Director. She is responsible for surveying nursing programs and preparing the reports for the Board, facilitating education committees, and reviewing licensure applications from international nurses and LPN equivalency exam applicants. Dr. Thomas lives in Bryant and has two sons and six grandchildren.



• MARY STINSON is the Nursing Education Secretary and has been with the Board for eleven years. Mary handles criminal background checks for nurses applying for licensure in Arkansas. She assists in continuing education, answering questions and doing correspondence. Mary is responsible for maintaining education program files, correspondence, and reports. Mary lives in Little Rock and has three children, Angela, Scot, and Dennis, and five grandchildren.

NCSBN Selects Arkansas Nurses as NCLEX-RN® Panel Members

The Examination Committee of the National Council of State Boards of Nursing chose two Arkansas nurses to participate in the NCLEX development process. Karen Goree, RN, of Little Rock served as a member of the NCLEX-RN Examination Master Pool Review Session in February. Peggy Walker, RN, served as a member of the NCLEX-RN Examination Item Review Session in February. Congratulations to both Karen and Peggy.

Additional information on the qualifications to be a volunteer can be found at www.ncsbn.org. Volunteers are needed!

by Georgia Manning Lewis
Director of Advanced Nursing Practice

APN Q&A

Q I am a newly licensed APN working as a family nurse practitioner. What is the interpretation of practice hours needed for prescriptive authority? Does it mean the physician directly supervises me in the same room, from a distance, or by phone? Is it necessary to have all my prescriptions co-signed?

A According to *ASBN Rules and Regulations* Chapter Four Section VIII. A. 5, an applicant for a certificate of prescriptive authority shall, "Provide evidence of a minimum of one thousand (1000) hours of practice in an advanced practice nursing category prior to application for a certificate of prescriptive authority....These 1000 hours of practice in an advanced practice nursing category may include transmitting a prescription order orally or telephonically or to an inpatient medical record from protocols developed in collaboration with and signed by a licensed physician."

There is no requirement for a physician to supervise or to be on site. There is an excellent brochure available at www.arsbn.org under Advanced Practice that outlines how an RNP and ANP practice. The institution's policy will determine if the transmitted orders have to be co-signed by the physician; there is no ASBN requirement for co-signing. The APN does need to indicate on the medical record or to the pharmacy that the orders were transmitted from protocols.

If you should deviate from the protocols, you will need an order from the physician–telephone or verbal–for the change, and this will need to be authenticated.

Q During these 1000 hours, may I call in class III and IV controlled substances under the physicians name?

A Protocols and standing orders may not include controlled substances, according to the rules and regulations of the Arkansas Department of Health Pharmacy Services. You may transmit a verbal or telephone order as an RN, and you would document it accordingly.

Q May I sign for and/or give samples to my patients before I obtain prescriptive authority?

A No. You must have a certificate of prescriptive authority to receive samples. The physician may delegate to you the ability to give out samples, but it is the physician's order and needs to be documented as such.

Q Is it permissible for an employer to call the Board and ask if an APN who has been terminated has notified the Board?

A The APN is required to notify the Board the next day following termination of a collaborative practice agreement. By all means, the physician may call to verify that the Board has been notified that the collaborative practice agreement has been terminated.

Q I'm currently certified as a Community CNS and a Gerontological Nurse Practitioner. I recently successfully completed the Advanced Diabetes Management Nurse Practitioner Exam through ANCC. I work in a Diabetes Center and have the opportunity to work with an endocrinologist, following diabetes patients in our center. I realize my prescriptive authority is restricted to geriatric patients. Since the diabetes certifying exam included questions regarding diabetes management of all age groups, may I pursue obtaining prescriptive authority in regards to diabetes management for all age groups? The pharmacology course in my graduate program was not restricted to medications for the geriatric patient.

A An applicant for an initial certificate of prescriptive authority shall, "Provide evidence from the national certifying body that differential diagnosis and prescribing practices are recognized as being within the scope of practice for the applicant's certification category, according to *ASBN Rules and Regulations*. Chapter Four Section VIII. 5. states, "An advanced practice nurse with a certificate of prescriptive authority may receive and prescribe legend drugs, medicines or therapeutic devices appropriate to the APN's area of practice." Your prescribing is limited to your area of Board approved certification, which is gerontology. The Advanced Diabetes Management Nurse Practitioner Exam is not a Board approved exam. Please review and work through *Position Statement 98-6, Decision Making Model.* Your preparation and verification of competence with the Diabetes exam would certainly enhance your skills, but your prescribing is limited to gerontological patients. (The Community Health Clinical Nurse Specialist exam does not include differential diagnosis and prescribing practices.)

Lewis Receives Award

Georgia Manning Lewis was recognized with the American Academy of Nurse Practitioners' State Award for Excellence during the AANP's Annual National Conference in New Orleans last month. The award serves to recognize the dedicated nurse practitioner advocate who has made a significant contribution to the status of health care delivery and the practice of nurse practitioners.

For the past seven years, Ms. Lewis has been the Board of Nursing's Director of Advanced Nursing Practice. This position was created after the revisions in the *Nurse Practice Act* in 1995 that provided for licensure of advanced practice nurses. She has served on the NCSBN's Advanced Practice Task Force and Panel for the past four years. The work of this group has included requirements for the accrediting agencies of certifying bodies, criteria for certification programs to ensure their regulatory sufficiency and legal defensibility, the Uniform Advanced Practice Registered Nurse Licensure/Authority to Practice Requirements, the advanced practice compact, and developing a position paper on advanced practice nursing.

While a board member at the Louisiana State Board of Nursing in the early 1990s, Ms. Lewis was supportive of the NCSBN's move to recognize certification exams for advanced practice licensure. The Board congratulates Ms. Lewis on this well-deserved honor.

continuing education

ASBN WORKSHOPS

The Arkansas State Board of Nursing and the Arkansas Nurse's Association (ARNA) are working together again this year to present workshops around the state on the *Nurse Practice Act of Arkansas*. Offered 9 a.m. to 4 p.m., each workshop awards 6.4 contact hours and costs $45.00. Additional information about each workshop can be found on the ASBN webpage, www.arsbn.org.

Know Your Nurse Practice Act: Nursing Practice 2004

September 16	Harrison—North Arkansas Regional Medical Center
October 8	Jonesboro—St. Bernard's Medical Center Auditorium
November	El Dorado—SouthArk Community College Library Auditorium
December 1	Little Rock—St. Vincent's Center for Health Education

by Darla Erickson, Director of Accounting

REFUNDS

It is not unusual for the ASBN to receive requests from people who would like a refund because they have overpaid the agency. The policy of the ASBN regarding refunds has not changed. We do not refund overpayments.

Being a governmental agency, the ASBN is restricted in the types and amounts of payments we can make to vendors and individuals. Refunds are not exempt from such restrictions. Therefore, the best way to ensure you are not making an unintended contribution to the Board is by making sure you avoid overpaying.

Some nurses, renewing late and anxious to have their licenses in hand before the expiration date, will mail their renewal forms and when the licenses don't arrive quickly enough, will renew again online. Another reason often given is that they could not remember if they had renewed, so they pay again to make sure it was done. Although there are countless reasons, the result is still the same. They overpaid, and the ASBN cannot give refunds.

The following are suggestions of ways to avoid overpayment:

- When paying by check or money order, make sure it is the correct amount.
- If you mail your renewal form and payment, do not duplicate the process by also renewing online.
- If you are not sure if you have already paid, check your records before repeating the process.
- Do not wait until the last minute to make your payment; renew early.

board business

Board Meeting Highlights

At the **March 2004 meeting**, the Board addressed an issue regarding when it is appropriate to discontinue CPR on a client with a *do not resuscitate* order, once CPR has inadvertently been instituted. After discussion and review of the EMS guidelines, rules and regulations regarding do not resuscitate orders, it was the consensus of the Board that it would not be considered a violation of the *Nurse Practice Act* if a nurse should withdraw CPR once it has been determined that a valid do not resuscitate order or advanced directive is in place.

At the **May 2004 Board meeting** the Board took the following actions:

Continued the current moratorium on approval of new programs and directed staff to report data regarding admissions, enrollment, graduation, and resources needed to deliver quality nursing education that will meet the needs of the state.

Granted continued full approval to the Harding University baccalaureate degree nursing program until 2009.

Granted continued full approval to the University of Central Arkansas baccalaureate degree nursing program until 2009.

Granted continued full approval to the Arkansas State University - Searcy Practical Nurse Program for one year.

Granted continued full approval to the Baptist School of Nursing Practical Nurse Program until 2009.

Approved Consent Agreement Guidelines for staff to enter into consent agreements with nurses who violate the *Nurse Practice Act*.

Directed staff to seek a sponsor for legislation to revise ACA §4-19-210 to increase the fee for CRNA corporation certifications to not more than $100.00 and to revise ACA §17-87-308(a)(2) to remove the requirement that the ASBN mail a renewal application to licensees.

BOARD MEETING DATES

August 11 . . . . . Disciplinary
August 12 . . . . . Disciplinary
September 8 . . . . . Disciplinary
September 9 . . . . . Business
October 13 . . . . . Board Retreat
October 14 . . . . . Disciplinary

The public is invited to attend ASBN Meetings. Groups of more than five should contact LouAnn Walker at 501.686.2704

important information

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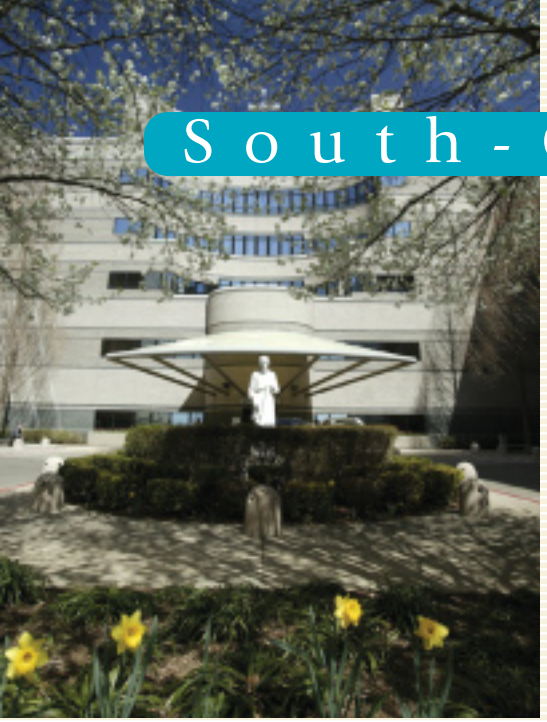
LouAnn Walker
Executive Assistant

Nancy Walker
Licensure/Renewals

Cheree Williams
Receptionist/Cashier

LOST OR STOLEN LICENSE

A listing of all lost or stolen licenses can be found at *www.arsbn.org*. All reissued licenses will have duplicate stamped on them. Employers are urged to inspect the original license from a job applicant and verify the nurse's identity with a photo ID.



St. Joseph's commitment to healthcare continues to grow

*By **Rod Gardner** • Publication Specialist, St. Joseph's Mercy Health Center*

St. Joseph's Mercy Health Center is the second oldest hospital in Arkansas and has been serving the healthcare needs of Hot Springs and surrounding communities since 1888.

However, St. Joseph's-a general acute care facility licensed for 309 beds-is second to none in the region when it comes to scope of services, quality of medical staff, advanced technologies and dedication to providing compassionate care based on Christian values.

A convincing example of that came last fall when it was announced that St. Joseph's was the recipient of the HealthGrades 2003 Distinguished Hospital Award for Clinical Excellence.™ The distinction from HealthGrades, a leading national healthcare quality firm, places St. Joseph's among the top 3.3 percent of all acute care hospitals in the country and in a select group-along with the prominent Mayo Clinic and Cedars Sinai Medical Center-recognized for overall clinical excellence across several service lines.

The 163 winners of last year's Distinguished Hospital Award for Clinical Excellence came from the analysis of HealthGrades' study of 4,864 hospitals. The study to determine the annual winners is based on a three-year, risk-adjusted analysis of 20 procedures and diagnoses in six clinical specialties-cardiac surgery, cardiology, orthopaedic surgery, neuroscience, pulmonary and vascular surgery.

"First of all, it needs to be made clear that we didn't ask for this review," said Randy Fortner, St. Joseph's Chief Operating Officer. "It's done by a third party and they came to us and informed us that we were in the top 3.3 percent when it comes to overall clinical outcomes. Being in the top three to four percent of all hospitals in the country, in terms of total outcomes for patients, is pretty significant.

"We are honored by the distinction from HealthGrades and to me it says we have co-workers who are committed to a vision of constantly improving our performance."

HealthGrades' annual quality-of-care analyzation of the country's nearly 5,000 hospitals leads to the publication of performance-based ratings-five-star for best, three-star for average and one-star for poor. The 2003 study was based on data collected from 1999 through 2001 by the federal government's Center for Medicare and Medicaid Services (CMMS).

"The analysis produces a report card rating for performance of hospitals based on the patient population of each individual facility," said Sarah Loughran, HealthGrades Senior Vice President of Provider Services. "By comparing actual

"St. Joseph's received five-star ratings for clinical performances in cardiac, pulmonary, stroke, vascular and orthopaedic services."

outcomes such as mortality or complications against what is expected, we can provide an accurate apples-to-apples comparison of providers."

In addition to the overall recognition it received as a Distinguished Hospital for Clinical Excellence Award winner, St. Joseph's received five-star ratings for clinical performances in cardiac, pulmonary, stroke, vascular and orthopaedic services.

Here are three more solid examples of St. Joseph's continued commitment to the healthcare needs of Hot Springs and surrounding communities:

Successful Wound Care Program Leads to New Mercy Wound and Hyperbaric Center

An already successful wound care program was officially expanded when St. Joseph's opened its new Mercy Wound and Hyperbaric Center with a late-January community open house.

The Center features state-of-the-art hyperbaric oxygen therapy (HBOT), a treatment in which the patient breathes 100 percent oxygen inside a pressurized chamber. HBOT quickly delivers high concentrations of oxygen to the bloodstream and assists in the healing process of wounds. It is also effective in fighting certain types of infections, stimulates the growth of new blood vessels and improves circulation.

HBOT is also used to treat crush injuries, osteomyelitis, skin grafts and flaps, brown recluse spider bites and diabetic wounds of the lower extremity.

"We developed a very successful wound care program over the last nine years that has led to positive clinical outcomes for our patients," said Randy Fortner, St. Joseph's Chief Operating Officer. "As a result, we expanded our program into a comprehensive center for wound care. To accomplish this, we partnered with nationally known Diversified Therapy, a company that is a market leader in the clinical treatment of chronic wounds and the adjunctive use of hyperbaric oxygen therapy."

Dr. Robert W. Kleinhenz serves as medical director, and thanks to the expansion efforts Drs. S. Gregory Waters and Karl F. Wagenhauser, both board certified in emergency medicine and trained in wound care and hyperbarics, have joined him in providing care at the Center. Meanwhile, Sandy Wasicek is serving as the Center's program director.

Mercy Center for Natural Health Opens Door to Whole New Concept in Healing

With a fall of 2003 open house, dedication and ribbon cutting ceremony for its Mercy Center for Natural Health, St. Joseph's opened the door to a whole new concept in healing.

The integrative medicine facility is the first of its kind in Hot Springs Village and provides healing for the mind, body and spirit. From massage therapy, relaxation methods and stress management to chiropractic care, acupuncture and mental health counseling, the Center's team of quality professionals offers a comprehensive broad spectrum of medically supervised care.

Presently, the staff is comprised of Drs. Stephen and Lori R. Dabbs, husband-and-wife chiropractic team; Jonathan Young, massage therapist; W. Martin Eisele, acupuncturist; and Carol A. Fisher, LCSW, mental health counselor. Jeanenne Herr, MEd, serves as the Center's office manager.

The Center is open Monday through Friday from 8 a.m. to 5 p.m. and features two classrooms for classes and seminars on health topics. For more information on the Center and services it offers, please call (501) 922-5363. No referrals are necessary.

Positron Emission Tomography Helps Doctors Detect Cancer in Early Stages

Since April of 2003, physicians at St. Joseph's have been using an outpatient imaging technology system called Positron Emission Tomography (P.E.T.) to help detect diseases-even in the earliest possible stages of development.

The system provides unique information to help demonstrate malignant lesions from those that are benign. P.E.T. goes so far as to show changes in the cells of patients, therefore enabling physicians to many times observe variations in the body's metabolism even before changes are detected in the anatomy. Finally, P.E.T. differs from x-rays and other diagnostic imaging technologies in that it not only shows the anatomy, it considers chemical and physiological changes in the body.

That makes it a valuable tool not only in the detection of cancer, but when it comes to prescribing the most effective treatment.

"Patients in south-central Arkansas now have an alternative for their medical diagnosis and treatment options," said Dr. P.K. Reddy, the medical director of hematology/oncology services at the Mercy Cancer Center. "P.E.T. images allow doctors to observe how the body is functioning, which helps them provide patients with the appropriate diagnosis and the most effective treatment."

The P.E.T. Center is an outpatient imaging facility located in St. Joseph's Medical Office Building. The service it provides is a partnership between St. Joseph's and Medical Imaging Sales and Service.

Secondhand Smoke and Families: The Real Facts

If you smoke, everyone around you smokes. This means that when people light up, they're putting everyone around them at serious risk — particularly small children.

For years research has proven that thousands of people every year are killed by inhaling Environmental Tobacco Smoke (ETS) or secondhand smoke — the third leading preventable cause of death in Arkansas. Now its effects are being found to be even more disastrous to the developing bodies of children.

Many parents go to great care and expense to keep their children safe. However, many adults still overlook a danger just as serious right under their noses, the dangers of secondhand smoke.

"I see the consequences of smoking and secondhand smoke in my clinic everyday, often several times a day. We get children with meningitis and lung abscesses all the time," said Dr. Gary Wheeler, Associate Professor of Pediatrics at the University of Arkansas for Medical Sciences.

Wheeler treats infectious diseases and manages children with allergic and immunologic diseases, including chronic respiratory disease such as asthma, which has led him to join the movement against tobacco exposure and use in children. He is co-director of the Center for Health Promotion in the Department of Pediatrics, which promotes preventive health efforts in childhood injury prevention, nutrition, tobacco control and other projects.

Toxic smoke exhaled by adults can make it nearly impossible for some children to breathe at all. Secondhand smoke aggravates allergies, increases the likelihood of pneumonia, causes thousands of respiratory tract infections a year and increases the chances of children developing asthma. Ear infections are also more common among kids exposed to secondhand smoke.

These same toxins can be just as hazardous to the brain. Children of mothers who smoked during pregnancy are more likely to suffer behavioral problems such as hyperactivity. Impaired school performance and mental development has also been documented.

In addition to the risks secondhand smoke poses to kids, it can also create a number of problems for the unborn child — potentially impacting virtually every vital organ of a developing baby. Tragically, this preventable problem is strongly linked to spontaneous abortions and stillbirths for countless expecting mothers. Secondhand smoke can also increase the risk of SIDS (Sudden Infant Death Syndrome) and can cause a number of birth defects and complications including cleft lips or palates.

Despite the known perils that secondhand smoke poses, it is a problem that has a solution—eliminating smoke from the home, or simply put, calling it quits.

"The good news is that when I talk to these parents about the health risks they're imposing on their kids, they're more willing to quit," Wheeler said.

"In order to help people quit smoking, I refer them to the Quitline which has been a tremendous resource," he added.

The Arkansas Department of Health's toll free, 24-hour Quitline (1-866-NOW-QUIT) is directly linked to the Mayo Clinic, so all one has to do is make the call and talk to medical experts who can give information and advice on how to become smoke-free.

Besides stopping smoking at home, there are also ways to reduce children's exposure in day-to-day activities. Eating at smoke-free restaurants or opting for non-smoking sections if available are good habits to form. If people have guests in their home that simply must smoke, they can be asked to do so outdoors. However, it should be noted, that smoking outdoors still poses risks. Studies indicate that adults who smoke outside carry cigarette fumes back indoors with them, often trapped in their hair and clothing. For this reason, children whose parents smoke outside the home have up to eight times more nicotine in their bodies than the offspring of non-smokers.

For more information on how to protect kids from secondhand smoke, additional cessation resources or for a list of smoke-free restaurants, visit www.stampoutsmoking.com.

education

Gail Burton, RN, is Chair of the PN Department at Arkansas State University - Searcy.

Deb Moore, RN, is Divisional Chair of Nursing and Allied Health Programs at Northwest Technical Institute at Springdale.

Preparing Practical Nurses for the Future

Scenario: Mary is one of three nurses assigned to a busy, 24-bed, post-op floor. She has six patients and two open beds. Report reveals that two of her patients will be discharged; one patient was admitted during the night with a GI bleed; two are on specialty drips, heparin and dobutrex; and the last patient has a tracheostomy that needs frequent care and monitoring. Recovery just called with report for one of the open rooms–a thyroidectomy patient who speaks no English. Mary makes a list of needed items at the bedside: calcium gluconate, suction equipment, tracheotomy set, and laryngoscope. Mary's nursing assistant interrupts to inform her that a patient has requested pain medication and it appears that the IV site may be leaking. There is no IV team. The charge nurse is taking a full load of patients today related to a call-in. Mary is on her own. Mary is a licensed practical nurse (LPN).

The reality of this scenario and the nursing shortage has created an environment that is challenging educators to prepare the practical nurse (PN) for current and future trends in healthcare. Nursing educators are analyzing predicted healthcare trends in order to alter standard educational pathways and to support the ASBN's mission--to protect the public.

Since practical nursing education began in Arkansas, educators have worked closely with ASBN, affiliating agencies, and advisory committees and have become item writers for the NCLEX® with the sole purpose of assimilating the ever-changing competency requirements of the PN into a standard curriculum. Educators have altered PN teaching methods from "training skills" to explaining rationales, developing critical thinking, and making decisions based on data collection when individual variations and abnormalities occur. The LPN is no longer just a "follower of instructions" but an innovator, creator, delegator, and leader.

The role transition of LPNs from basic bedside nursing care to healthcare team members remains a challenge for their educators and ASBN. As the result of this collaboration, the ASBN recently approved IV therapy guidelines. Several PN programs in Arkansas initiated IV therapy courses in 2003. The feedback

continued on Page 25

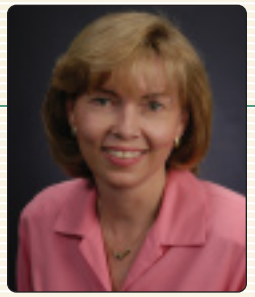
strategic planning issues

Help Shape ASBN's Future

The Board would like to hear from you, the licensee, on what you want the Board to be aware of as plans for the future are made. Email us at info@arsbn.org with the subject line of "strategic planning issues." Give us your ideas on what you think the Board should be doing to better protect the public.

by Sue Tedford

Director of Nursing Education



New Standards for Nursing Programs Include IV Therapy for PNs

In January 2004, the new Standards for Nursing Education Programs became effective (*ASBN Rules and Regulations* Chapter Six). All nursing programs in Arkansas must meet these Standards in order to obtain and maintain ASBN program approval. One addition to the Standards was the requirement that PN programs include IV therapy in the curriculum. The following guidelines will be used to integrate IV therapy into the PN curriculum.

Guidelines for Teaching Content Related to IV Therapy for Arkansas Licensed Practical Nurses and Licensed Practical Nursing Students

The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. To enable nurses to determine if a specific task is within their personal scope of practice, the ASBN developed *Position Statement 98-6, Scope of Practice Decision Making Model* that includes the following definitions for LPN and LPTN practice.

The Practice of Practical Nursing:

The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including observation, intervention, and evaluation, fall within the LPN/LPTN scope of practice.

The performance for compensation of acts involving:

- the care of the ill, injured, or infirm;
- the delegation of certain nursing practices to other personnel under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, which acts do not require the substantial specialized skill, judgement, and knowledge required in professional nursing. **ACA § 17-87-102 (5)**

The Practice of Psychiatric Technician Nursing:

The performance for compensation of acts involving:

- the care of the physically and mentally ill, retarded, injured, or infirm;
- the delegation of certain nursing practices to other personnel;
- the carrying out of medical orders under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, where such activities do not require the substantial specialized skill, judgment, and knowledge required in professional nursing. **ACA § 17-87-102 (6)**

Over time, it has become generally acceptable practice for the RN to delegate certain tasks related to intravenous therapy to LPNs and LPTNs who have completed training and have validated competencies. RNs are prohibited from delegating tasks that require the substantial specialized skill, judgement, and knowledge required in professional nursing to an LPN or LPTN.

Minimum training for the LPN, LPTN, or LPN student who will be delegated IV therapy should include:

Anatomy and physiology;
Fluid & Electrolyte Balance;
Equipment & procedures in intravenous therapy;
Complications, prevention, and nursing interventions;
Introducing a peripheral intravenous device on an adult client;
Set-up, replace, and remove intravenous tubing for gravity flow and/or pump infusion;
Perform intravenous infusion calculations and adjust flow rates on intravenous fluids;
Monitoring the administration of blood and blood products;
Administration of medications through a peripheral intravenous catheter by intravenous piggyback or intravenous push, provided the medication does not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

References: National Council State Boards of Nursing 2003 LPN/VN Practice Analysis

National Council State Boards of Nursing 2001 Detailed Test Plan for the NCLEX-PN Examination

Can the NCLEX® Examination be Challenged?

Beginning in the early 1900s, nurses were issued a license based on passage of an examination developed and administered by the Board of Nursing in the state where they lived. Following World War II, nurses began moving across state lines more often, and it became apparent that there was a need for a standardized examination. This gave birth to a national examination - the National League for Nursing State Board Test Pool Examination. Changes have been made in the examination through the years, and the exam is now known as National Council Licensure Examination (NCLEX®). The NCLEX-RN® and NCLEX-PN® are each designed to test the knowledge, skills, and abilities of the entry-level practitioner.

The nurse practice act in each state contains the requirements necessary to hold a nursing license in the respective state. According to the *Nurse Practice Act of Arkansas*, only individuals who graduate from an approved nursing education program may qualify to take the RN or LPN licensure examination. There are no provisions in the law that allow challenge of the NCLEX-RN examination. However, there are provisions in the law that allow individuals who are determined by the Board to be "otherwise qualified" to challenge the NCLEX-PN examination.

"The NCLEX-RN® and NCLEX-PN® are each designed to test the knowledge, skills, and abilities of the entry-level practitioner."

The Arkansas Board of Nursing has determined that otherwise qualified for the NCLEX-PN encompasses three groups of individuals: LPTNs graduated after March 18, 1980, graduates of an RN program who failed NCLEX-RN, and individuals who have completed a specified amount of an RN program. Each application is reviewed on an individual basis to determine if the applicant meets the specific requirements.

For individuals who have completed a portion of an RN program, their education must encompass the minimum requirements for a practical nursing program. This is determined by an official transcript showing completion of classroom instruction in general education courses and nursing courses with a theory and clinical component for medical-surgical nursing, maternity nursing, mental-health nursing, and pediatric nursing. All required general education and nursing courses must be completed with a minimum grade of "C" or better. To qualify, the candidate must apply to take the NCLEX-PN within two years from the date of completing the last nursing course.

The LPN license obtained through the PN equivalency grants a multi-state privilege to practice if the individual's primary state of residence is Arkansas, which means that it is valid in the other compact states. However, these individuals may not be able to obtain an LPN license by endorsement in another state.

Schools Score 100% In 2003

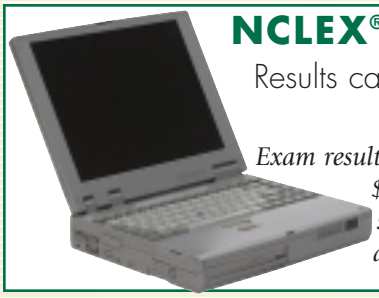
The ASBN is pleased to announce that the following nursing education programs achieved a 100% pass rate on first-write NCLEX® in 2003.

RN Programs

Arkansas Northeastern College - Blytheville
(Formerly Mississippi County Community College)
Har-Ber School of Nursing - Springdale
National Park Community College - Hot Springs
(Formerly Garland County Community College)
University of AR Community College at Batesville

PN Programs

Arkansas State University - Mt. Home
Arkansas State University - Searcy
(Formerly Foothills Technical Institute)
Arkansas State University Technical Center
National Park Community College - Hot Springs
(Formerly Quapaw Technical Institute)
Northwest Technical Institute - Springdale
Phillips County Community College/University of AR at DeWitt
St. Vincent Health System - Little Rock
University of AR Community College at Batesville
University of AR - Monticello College of Technology at Crossett
(Formerly Forest Echoes Technical Institute)



NCLEX® Results

Results can be obtained by logging on to the Board of Nursing website: www.arsbn.org

Exam results take approximately 48-72 hours to be posted. A fee of $5.50 will be charged to your credit card for a successful search. You will not be charged for a lookup if your results are not listed.

Continuing Education

Looking for continuing education opportunities? Check out the ASBN webpage www.arsbn.org (Educational Resources link) for upcoming workshops and CE websites.

NCLEX-RN® and NCLEX-PN® Licensure Exam Results 2003

RN *BACCALAUREATE DEGREE*	NUMBER TAKEN	PERCENT PASSING
Arkansas State University	56	83.9
Arkansas Tech University	38	81.6
Harding University	32	93.8
Henderson State University	18	77.8
University of AR at Fayetteville	23	95.7
University of AR for Medical Sciences	77	96.1
University of AR at Monticello	24	91.7
University of AR at Pine Bluff	6	33.3
University of Central AR	44	95.5
ARKANSAS TOTAL - BSN	318	89.3
NATIONAL TOTAL - BSN	26,625	86.9
ASSOCIATE DEGREE		
Arkansas Northeastern College – Blytheville (formerly Mississippi County Community College)	19	100
Arkansas State University	67	91.0
East AR Community College	18	83.3
National Park community College (Formerly Garland County Community College)	40	100.0
North Arkansas College	28	92.9
NorthWest AR Community College	38	94.7
Phillips Community College\U. of AR	14	85.7
SEARK College	15	86.7
Southern Arkansas University	59	62.7
University of AR Community College, Batesville	25	100.0
University of AR at Ft. Smith	50	96.0
University of AR at Little Rock	44	93.2
University of AR at Monticello	32	68.8
ARKANSAS TOTAL - ADN	449	88.0
NATIONAL TOTAL - ADN	47,361	87.0
DIPLOMA		
Baptist School of Nursing - Little Rock	143	85.3
Jefferson School of Nursing - Pine Bluff	29	79.3
Har-Ber School of Nursing - Springdale	10	100
ARKANSAS TOTAL - DIPLOMA	182	85.2
NATIONAL TOTAL - DIPLOMA	2,571	89.7
ARKANSAS TOTAL – ALL PROGRAMS	949	87.9
NATIONAL TOTAL - ALL PROGRAMS	76,730	87.0

LPN	NUMBER TAKEN	PERCENT PASSING
Arkansas Northeastern College – Burdette (Formerly Cotton Boll Technical Institute)	40	92.5
Arkansas State University - Mt. Home	14	100.0
Arkansas State University – Newport	16	75.0
Arkansas State University – Searcy (Formerly Foothills Technical Institute)	34	100
Arkansas State University Technical Center	37	100
Arkansas Valley Technical Institute	42	95.2
Baptist School of Practical Nursing	64	89.1
Black River Technical College	34	82.4
Cossatot Technical College	26	92.3
Crowley's Ridge Technical Institute	21	85.7
National Park Community College (formerly Quapaw Technical Institute)	16	100
North Arkansas College	22	90.9
Northwest Technical Institute	18	100
Ouachita Technical College	32	96.9
Ozarka Technical College	58	81.0
Phillips County Community College/ University of AR - DeWitt	5	100
Pulaski Technical College	30	90.0
Rich Mountain Community College	27	81.5
Southern AR University Technical, Camden	22	95.5
SouthArk Community College	14	57.1
Southeast AR College	58	81.0
St. Vincent Health System	12	100
University of AR Community College, Batesville	29	100
University of AR Community College, Hope	17	76.5
University of AR Community College – Morrilton	27	96.3
University of AR at Ft. Smith	20	95.0
University of AR – Monticello College of Technology – Crossett (Formerly Forest Echoes Technical Institute)	7	100
University of AR – Monticello College of Technology - McGehee (Formerly Great Rivers Technical Institute)	14	92.9
LPN EQUIVALENCY		
Arkansas Special - Equivalency# (Partial Completed RN)	33	97.0
Arkansas Special - RN Educated (RN Test Failures)	24	100
ARKANSAS TOTAL - PN	815	90.8
NATIONAL TOTAL - PN	44,080	88.2

SOURCE: NCSBN Educational Program Summary of first-time candidates regardless of where they took the examination.
Passing percentages reported reflect all campuses of a college combined.

Five-year pass rates for each program can be found at www.arsbn.org.

Nurses Negligence And

According to data from the National Practitioner Data Bank, there has been an increasing trend to name nurses in medical malpractice actions. Many believe this new inclusion of nurses in malpractice suits is based on the following:

- Nurses are now required to delegate more of their duties.
- Patients are discharged from the hospital earlier.
- The shortage of nurses is highly publicized.
- There are many advances in healthcare technology.
- Nurses are practicing with increased autonomy and responsibility.
- Consumers are better informed on their conditions and what to expect from caregivers.

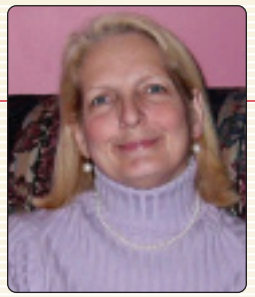
A charge of negligence against a nurse can arise from almost any act or failure to act that results in a patient being harmed--most often an unintentional failure to adhere to a standard of care, which is the care a reasonably prudent nurse would have given in the same situation. If you don't know what the policy and procedure manual at your institution says you should do in a particular type of situation, you had better learn, because that is the standard you are held to by a court of law.

"A charge of negligence against a nurse can arise from almost any act or failure to act that results in a patient being harmed--most often an unintentional failure to adhere to a standard of care,"

Negligence, according to the Joint Commission on Accreditation of Healthcare Organizations is "...a failure to use such care as a reasonably prudent and careful person would use under similar circumstances."They go further and define malpractice as "improper or unethical--conduct or unreasonable lack of skill by a holder of a professional license . . . often applied to denote negligent unskilled performance of duties when professional skills are obligatory. Malpractice is a cause of action (reason to sue) for which damages are allowed." Attorneys will also look to the nurse practice act and rules and regulations to

Malpractice Claims

by Ruthanne Murphy, RN, JD
Attorney



define what skills are required of nurses, so if you don't know what it says, please go the ASBN web site and print a copy of this document.

The six major issues that result in negligence charges against nurses are as follows:

(1) The failure to follow standards of care, including failure to completely assess patients, adhere to standardized protocols or policies, or follow prescriber's orders, both written and oral.

(2 The failure to use equipment in a responsible manner, which would include failure to follow the manufacturer's recommendations for operating the equipment, to check the safety of the equipment prior to using it, or learning how to use the equipment properly.

(3) The failure to communicate, including failure to notify a physician in a timely manner, listening to what the patient is really saying and responding appropriately, ineffective communication, or failure to seek higher medical authorization for a treatment.

(4) The failure to document, including failure to note in patients' medical records their progress and response to treatments, injuries, pertinent nursing assessments, and orders or information received in telephone conversations.

(5) Failure to assess and monitor, including the failure to complete assigned tasks on your shift, implementation of plans of care, observation of patients' ongoing progress, and interpretation of patients' signs and symptoms.

(6) Failure to act as the patients' advocate, including failure to question discharge orders if the condition of the patient requires it, to question incomplete or illegible orders, or to provide a safe environment for your patient.

To me the final area covers all the rest--if you are advocating for your patients and thinking about and documenting for their safety and all the above, you are a safe nurse who is doing your very best for the patients you are assigned to care for, and you will be far less likely to be named in a malpractice claim.

"If you are advocating for your patients and thinking about and documenting for their safety and all the above, you are a safe nurse who is doing your very best for the patients..."

AANA & ASA Issue Propofol Administration Statement

The American Association of Nurse Anesthetists and the American Society of Anesthesiologists issued the following statement regarding propofol administration on April 14, 2004.

Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Due to the potential for rapid, profound changes in sedative/anesthetic depth and the lack of antagonistic medications, agents such as propofol require special attention.

Whenever propofol is used for sedation/anesthesia, it should be administered only by persons trained in the administration of general anesthesia, who are not simultaneously involved in these surgical or diagnostic procedures. This restriction is concordant with specific language in the propofol package insert, and failure to follow these recommendations could put patients at increased risk of significant injury or death.

Similar concerns apply when other intravenous induction agents are used for sedation, such as thiopental, methohexital or etomidate.

***This statement is not intended to apply when propofol is given to intubated, ventilated patients in a critical care setting.**

Authors: *Jonathan J. Wolfe, Ph.D., Associate Dean for Academic Affairs, University of Arkansas for Medical Sciences, College of Pharmacy*
Donna S. West, Ph.D., Assistant Professor, University of Arkansas for Medical Sciences, College of Pharmacy

Patient Safety: *Medication Error Considerations*

Medication errors have become the subject of much scrutiny by the medical community, healthcare payors, and the general public. Studies of near-misses and error-prone conditions strongly suggest that direct, inexpensive steps could improve patient safety. The National Coordinating Council on Medication Error Reporting and Prevention (NCCMERP) has developed nine sets of recommendations to improve safety. One of these guideline sets, for verbal medication orders, includes direct actions that every caregiver can take at little or no cost.

Important: Verbal prescriptions should only be used in emergencies where written or electronic communication is not possible, and only qualified providers should send and receive orders.

Verbal Medication Orders: NCCMERP Recommendations

- Leaders of healthcare organizations should promote a culture in which it is acceptable for staff to question prescribers when there are any questions or disagreements about verbal orders. Questions about verbal orders should be resolved prior to the preparation, dispensing, or administration of the medication.
- Verbal orders for antineoplastic agents should NOT be permitted under any circumstances. These medications are not administered in emergency or urgent situations, and they have a narrow margin of safety.
- Elements that should be known when constructing a verbal order include: name of patient, age and weight of patient (when appropriate), drug name, dosage form, exact strength or concentration, dose, frequency, route, quantity and/or duration, purpose or indication (unless disclosure is considered inappropriate by the prescriber), specific instructions for use, name of prescriber, and name of individual transmitting the order, if different from the prescriber.
- The name of the drug should be confirmed by any of the following: spelling, providing both the brand and generic names of the medication, or providing the indication for use.
- In order to avoid confusion with spoken numbers, a dose such as 50 mg should be dictated as "fifty milligrams...five zero milligrams."
- Instructions for use should be provided without abbreviations. For example, "1 tab tid" should be communicated as "Take/give one tablet three times daily."
- The entire verbal order should be repeated back to the prescriber or the individual transmitting the order, using the principles outlined in these recommendations.
- All verbal orders should be reduced immediately to writing and signed by the licensed individual receiving the order.
- Verbal orders should be documented in the patient's medical record, viewed, and countersigned by the prescriber as soon as possible.

The United States Pharmacopoeia (USP) and the Institute for Safe Medication Practices (ISMP), working with NCCMERP, collect voluntary reports of near-misses or actual errors, which can be anonymously reported to the USP Medication Errors Reporting Program (800.233.7767). For more information, visit USP at www.usp.org; ISMP at www.ismp.org; and NCCMERP at www.nccmerp.org.

One thing is certain—preventing errors will require diligence, cooperation, and open communication among prescribers, nurses, pharmacists, other healthcare providers, and patients. The reward will be safer, more effective health care. Our patients deserve nothing less.

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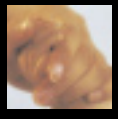
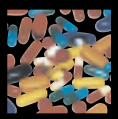
Disciplinary Actions

Documentation



Ethics of Nursing Practice



Medication Errors

Nurse Practice Acts

Professional Accountability & Legal Liability

Sharpening Critical Thinking Skills

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Preparing Practical Nurses for the Future

continued from Page 15

from students, graduates, and the community has been very positive. Graduates have stated that their confidence levels and patient care have improved. *ASBN Rules & Regulations* Chapter Six, Standards for Nursing Education Programs, mandates this IV therapy course for all PN programs in Arkansas as well as provides each school the opportunity to customize program course hours based on the needs of the communities served.

The U.S. Department of Labor, Bureau of Labor Statistics, states that the employment of LPNs is expected to grow in response to the long-term care needs of a rapidly growing elderly population, the general growth of healthcare, replacement needs as many workers leave the occupation, and the expansion of job opportunities outside the traditional hospital.

Today, 24% of LPNs in Arkansas work in the acute healthcare setting where the LPN may be delegated many specialized tasks–very similar to the above scenario. These tasks include IV therapy, naso-gastric tube insertion/maintenance, tracheostomy care, and delegation.

Long-term care needs are being impacted by the increased number of the aged and disabled and patients being discharged from the hospital before recovering enough to return home. This arena attracts 21% of LPNs who provide bedside care, evaluate resident needs, assist with care plans, and lead/delegate as charge nurses.

Sophisticated procedures once seen only in hospitals are now performed in ambulatory surgery centers, physician offices, and clinics. In clinics where 17% of LPNs work, responsibilities include managing the office, scheduling appointments, keeping records, and assisting with procedures, including surgeries. In home health where only 5% of Arkansas LPNs work, duties involve data collection, wound care, specimen collection, meal preparation, and reinforcing teaching of family members regarding nursing tasks. Opportunities for LPNs in home health are expected to expand much faster as a result of doors opening for complex treatments of the functionally disabled who prefer care in the home.

With the projections of demand for LPNs and the shift of healthcare toward clinics, long-term care, and home health, PN graduates will soon be on the forefront serving as mentors and role models for a new generation of nurses. Now is the time to prepare an entry-level PN graduate to serve the future healthcare needs of Arkansas. Excellent preparation results in positive work environments and positive patient outcomes. Thus the mission of ASBN, to protect the public, is better achieved.

by Phyllis DeClerk, RN
Director of Nursing Practice

Probation Non-Compliance: Veering Farther Off Track

How many times have you scanned the disciplinary action page of the *ASBN Update* and noticed a term *probation non-compliance*? What exactly is the definition of this term and what action has occurred that places a licensee in this predicament?

When the Board grants a licensee the ability to continue practicing once a violation of the *Nurse Practice Act* has occurred, the license status is referred to as *on probation*. Along with this probationary status, there is an order issued by the Board to which the licensee must strictly adhere. Deviations from this order are considered probation non-compliance.

Documents, completed courses, and urine drug screen results submitted on a quarterly basis by the disciplined licensee are logged into the monitoring system. If documents and their components are not submitted as outlined in the order, non-compliance results. Examples of documents that are monitored are as follows:

- Was the nursing license submitted to be stamped "probation" within 5 days of receipt of the order?
- Is the licensee communicating in writing with the board staff on a quarterly basis?
- Is the licensee, if required, submitting appropriate documents with signatures of attendance at support group meetings (alcoholics anonymous/narcotics anonymous) during the quarter?
- If working as a nurse, has the licensee entered into a contract with the employer(s) and is the licensee submitting to ASBN performance evaluations from each employer on a quarterly basis?
- Is the licensee compliant with the urine drug-screening program? Does he/she call the system daily, report within a 2-hour window of the call to an official drop site, and stay current with the expenses involved in this random system? Are the urine drug screens negative for controlled substances and or abuse-potential substances?
- Is the licensee submitting medication report forms from prescribing practitioners for any medications legitimately prescribed during the probationary period?
- Has the civil penalty payment contract been signed and is the individual making quarterly payments? (Reminder: the Nurse Practice Act allows the board to fine $1,000.00 per day per violation occurrence.)
- Has the licensee successfully completed required educational coursework that may have been ordered during the probationary phase?

Protection of the public is the primary responsibility of the Board of Nursing. As you can see, strict adherence to the probationary requirements for continued practice guide the individual in getting back on the track to competent and safe practice while maintaining licensure.

In order to be on track, the licensee must have the spokes of the probation wheel intact. Each spoke represents the nurse physically, emotionally, and financially. The licensee must have all components of these attributes working in harmony to be successful and to accept the responsibility of probationary status.

- Physically, the licensees must show evidence of the ability to perform all functions of being licensed nurses. Do they continue to take mind-altering substances for various medical conditions and expect to comply with the Board order? Are they experiencing medical conditions that might prevent them from fulfilling the conditions of the probation?
- Financially, are the licensees ready to accept the financial obligation of the expenses associated with continued compliance? These include the cost of evaluations with medical specialists, treatment program costs, continued counseling, urine drug screen program participation, and educational courses.
- Emotionally, are the licensees ready to accept the probationary status and all the responsibilities of maintaining compliance? Licensees will have to put their needs first in order to overcome the situations they are in, and some individuals have far too many forces in their lives working against them.

If individuals placed on probation begin to experience problems, their best course of action is to contact the staff at the ASBN office and discuss their situation. At that time, they will be advised as to their best alternative. Oftentimes, it will be a time-out period, and they can accomplish this by a voluntary surrender of their licenses. If they choose another option, the decision will be made by the Board during a formal hearing. Whatever route is taken, that period of time is utilized to repair their "wheel" of life so that they may once again regain the privilege of holding an unencumbered nursing license.

IMPOSTER ALERT:
Erica Renee Guillott

ASBN has received a complaint regarding Erica Renee Guillott posing as a nurse in the Hot Springs area. Please contact Deborah Jones, Assistant Director of Nursing Practice, at 501.686.2700 if you have any information about her whereabouts.

Disciplinary Actions—March, April 2004

The full statutory citations for disciplinary actions can be found at www.arsbn.org under *Nurse Practice Act*, Sub Chapter 3, §17-87-309. Frequent violations are ACA §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an impaired-nurse contract with an employer and/or drug monitoring and treatment programs.

Each individual nurse is responsible for reporting any actual or suspected violations of the Nurse Practice Act. To submit a report or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing; 1123 South University, Suite 800; Little Rock, Arkansas 72204.

PROBATION

Ahmad, Mia Shannon Yates
R51746, Cammack Village
(a)(4)&(6), CP $1,200

Arnold, Tracy Renee Wilkins
L35526, Paragould
(a)(4)&(6), CP $750

Aycock, Joseph Parker
R51237(exp), Little Rock
(a)(2),(4),(6)&(7), CP $1,500

Balliette, Scott William
L31100, Glenwood
(a)(4)&(6), CP $500

Bittle, Donna Leigh Scarbrough
R27584, Beebe
(a)(4)&(6), CP $2,000

Butler, Willie R.
L36381, Malvern
(a)(4)&(6), CP $800

Chapell, Margaret O-Neal Hice
R26254, Rogers
(a)(4)&(6), CP $450

Cornish, Christy Jo Price Dougan
L34444, Benton
(a)(4)&(6), CP $750

Crow III, Lewis Reece
R56464, Little Rock
(a)(4)&(6)

Giese, Shelley Rene Lewis
R55815, Fort Smith
(a)(2),(4)&(6), CP $700

Hardin, Barbara Elaine
R35282, Little Rock
(a)(4)&(6), CP $700

Henry, Pamela Wilf
L32533, Jacksonville
(a)(6), CP $800

Hooks, Christy Jane Russell
R37270, North Little Rock
(a)(4)&(6), CP $1,000

Joyce, Julie Lynn Green Howard
R28526, Arkadelphia
(a)(2),(4),(6) & (f)(28)*
CP $1,000

McManus, Michelle Renee Hughes
L30172, Pearcy
(a)(4)&(6), CP $700

McPherson, Thresa May
R30532, Hot Springs
(a)(4)&(6), CP $800

Moss-Kilgore, Staci Yavonne
L40191, Camden
(a)(4)&(6), CP $700

Oliver, Carrie Deanean
R67005, Cabot
(a)(6), CP $500

Parker, Kelly Corrine McKinnis
L33486, El Dorado
(a)(4)&(6)

Pippinger, Myra Askew
L31702, Star City
(a)(6), CP $500

Porter, Rosetta Thomas
L37493, Camden
(a)(4)&(6), CP $800

Sandmon, Mildred Evelyn
R42569, Hot Springs
Probation Non-Compliance
CP $500

Simmons, Linda Carol Standford
R18838, Little Rock
(a)(4)&(6), CP $1,000

Smith, Salena Sue
L41350, Ft. Smith
(a)(2),(4)&(6), CP $800

Stone, Tamatha Ann
R53078, Lewisville
(a)(6), CP $1,000

Venzant, Tamara Michelle Johnson
R67038, Camden
(a)(4)&(6), CP $500

Vining, Cynthia Lynne Davis
R55395, Heber Springs
(a)(4)&(6), CP $700

Ward, Jennifer Louise Summerhill
R68433, Malvern
(a)(4)&(6), CP $700

Wells, Jane Carol Parrott
R19321, Little Rock
(a)(4)&(6), CP $900

Wilson, Christi Diane
L40244, Jacksonport
(a)(4)&(6), CP $700

Winston, Stephanie Paige Sturch
L38176, Jonesboro
(a)(4)&(6), CP $600

SUSPENSION

Averill, Mary Ellen Alcorn Mathews
L21318, Newport
(a)(4)&(6), CP $1,000

Bufford, Angela Leah Worman
R62994, Heber Springs
(a)(2),(4)&(6), CP $1,000

Burleson, Jimmie Lou Burleson Moore
L36179, Little Rock
Probation Non-Compliance
CP $700 plus $700

Clark, Ann Elizabeth Shirron
R50357, Bryant
Probation Non-Compliance
CP $1,000

Hinds, Lisa Ann Marschel
L35848, Benton
Probation Non-Compliance
CP $1,000 plus $700

King, Linda Lee Rudolph
R63382, L22696(exp), Paragould
Probation Non-Compliance
CP $1,000

Nestlehut, Raquel Lea White
R43357, P01706, A01420, Conway
(a)(2),(4)&(6), CP $1,500

O'Neal, Charles Lester
R15988, Benton
Summarily Suspended

Osborn, Joan Marie Juranek
L31386, Paragould
Probation Non-Compliance
CP $1,000 plus $456.50

Priest, Danny Michael
R56281(exp) L28664(exp), Mabelvale
(a)(4),(6)&(9)
Probation Non-Compliance
CP $1,500

Royce, Kimberly Joy Henderson
R42270, Russellville
(a)(2),(4),(6)&(9)
CP $1,000

Smith, Connie Bernice Mitchell
L17015, Brinkley
(a)(4)&(6), CP $1,000

Valentine, Barry Jon
R63891, Little Rock
(a)(6)

Williamson, Diane Lynette Kenney
R25581(exp), Little Rock
Probation Non-Compliance
CP $1,000

VOLUNTARY SURRENDER

Bearden, Carole Jean McWilliams
L14235, Ashdown

Dean, Sonya Lynne Bradford
R43862, Bentonville

Elam, John Leon
R63298, Conway

Gonzales, Nancy Suzanne Williams Dickinson
R63332, L28806 (exp)

Herrera, Kristi Lynn Scott Parrish
L36252, Clarendon

Huff, Carylen Ann Skinner
L15864, Van Buren

Maxstadt, Cynthia Theresa
R68337, Yellville

Maxwell, Lori Lea Godfrey
L36447, Arbyrd, MO

McFadden, Mary Gibson
R37204, Sherwood

Osborn, Joan Marie Juranek
L31386, Algoa

Skrivanos, William Taylor
R50325, Little Rock

Smith, Betty Lee Zine
R31898, L22732(exp), Winthrop

Smith, Josie Annette
L24102, Camden

REINSTATEMENTS WITH PROBATION

Davis, Denise Gail Hynds
L14402(exp), Story
(a)(6)

Hall, Tamara Suzette Stroman
R55455, Little Rock

Harper, Charlene Denise McLain Morris
R50662, Manila

Sweet, Patricia Lynn Sweet Brown
R55866, L31474(exp), Glenwood
Probation Non-Compliance

REINSTATEMENTS

Jackson, John Owen
R18232, Pangburn

Walsh, Dollie Jean Freeman
L34646, Greenbrier

REPRIMAND

Grant, Debra Sue Cole
L17414, Russellville
(a)(6)&(9), CP $1,200

Johnson, Emily Mary Dunbar Vanhouten
R39421, Shennandoah, IA
(a)(6)&(9), CP $720.00

REVOCATION

Meece, Kenny Andrew
L29024, Hot Springs

Williams, Lori Elizabeth Campbell
L35167, Ozark
(a)(2)&(6)

PROBATIONARY STATUS REMOVED

Clay, Gail Cassandra
R55541, North Little Rock

Davis, Debora Ann Hime
R50170, Walnut Ridge

Denson, Rhonda Jeyne Stephenson Stewart
R35418, Jacksonville

Hale, Glenda Elaine Pence
L31253, Rector

Jester, Gloria Kay Thomason
R53608, Pine Bluff

Leach, Brandi Suzanne Hendrix Shaver
R51541, Fayetteville

Pierce, Malinda Lee Love Gray Snyder
R43103, Poyen

Spence, Sheila Jean Mitchell
L25719, Morrilton

disciplinary actions

PROBATIONARY STATUS REMOVED (CONTINUED)

Thompson, Kristi Anne
L35828, Malvern

Williams, Patricia Kathryn Hall
R25335, Searcy

LICENSURE DENIED

Johnston, Rebecca Beal Bowen
R27574, P00881, Bryant
Request for APN Licensure Denied

APPEAL DENIED

Emberlin, June Aleathea Ramzy
L41663, Mena
Letter of Reprimand Appeal denied

Carson, Lisa V. Marchbanks Thompson
L26228, Pocahontas
Letter of Reprimand Appeal denied

WAIVER DENIED

Kennedy, Anita Lynn Crow
R42148, Dover

WAIVER GRANTED

Cullum, Darla Danae
RN Applicant, Jonesboro
(a)(2), Probation after passing NCLEX

ASBN HOT CHECKS NOTICE

The following names appear on the ASBN records for checks returned to the ASBN due to insufficient funds. If practicing in Arkansas, they may be in violation of the *Nurse Practice Act* and could be subject to disciplinary action by the Board. Please contact Darla Erickson at 501.686.2705 if any are employed in your facility.

Bradley, Rosa Marie	L16658
Long, Debra Ann	L25461
Shaheed, Nathan	T01220
Sivils, June Elizabeth	L30290
Williams, Sally F.	L26287

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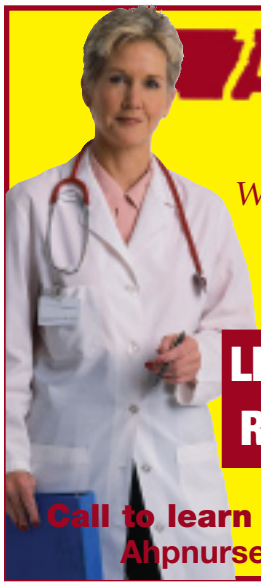

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